Case Docket No. GNE.1618P2C32 Date: September 27, 2002

I hereby certify that this correspondence and all marked

attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to:

United States Patent and Trademark Office, PO Box 2327,

September 27, 2002

ger, Reg. No. 33,055

(Date)

Arlington VA 22202, on

In re application of:

Ashkenazi et al.

App. No.

09/902,903

Filed

July 10, 2001

For

SECRETED AND

TRANSMEMBRANE POLYPEPTIDES AND **NUCLEIC ACIDS**

ENCODING THE SAME

Examiner

Unknown

Art Unit

1645

United States Patent and Trademark Office PO Box 2327

Arlington VA 22202

Dear Sir:

Enclosed for filing in the above-identified application are:

- A Supplemental Information Disclosure Statement. (X)
- A PTO Form 1449 with two (2) references. (X)
- The Commissioner is hereby authorized to charge any additional fees which may be required, or (X) credit any overpayment, to Account No. 11-1410.
- Return prepaid postcard. (X)

Registration No. 33,055

Attorney of Record

GNE.1618P2C32 CONTRACTOR OFFICE

PATENT #12

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Applicant	:	Ashkenazi et al.)	Group Art Unit 1645	OCT 0 7 2002
App. No.	:	09/902,903)	•	TECH CENTER 1600/2900
Filed	:	July 10 2001)		
For	; ,	SECRETED AND TRANSMEMBRANE POLYPEPTIDES AND NUCLEIC ACIDS ENCODING THE SAME)))))		
		•)	•	
Examiner	:	Unknown	.)		

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

United States Patent and Trademark Office PO Box 2327
Arlington, VA 22202

Dear Sir:

Enclosed is form PTO-1449 listing 2 references that are also enclosed. This Information Disclosure Statement is being filed before the receipt of a first Office Action on the merits, and presumably no fee is required in accordance with 37 C.F.R. § 1.97(b)(3). If a first Office Action on the merits was mailed before the mailing date of this Statement, the Commissioner is authorized to charge the fee set forth in 37 C.F.R. § 1.17(p) to Deposit Account No. 11-1410.

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: September 27, 2002

By:

y. ____

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